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## BIB DATA SHEET

CONFIRMATION NO. 5723

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/623,825	07/21/2003	424	1618	CONLINCO-8305
<b>RULE</b>				
<b>APPLICANTS</b> Gudmundur G. Haraldsson, Reykjavik, ICELAND; Asgeir Saebo, Eidsnes, NORWAY; Carl Skarie, Detroit lakes, MN; Daria Jerome, Detroit Lakes, MN;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/160,416 09/25/1998 ABN which is a CIP of 09/042,538 03/17/1998 ABN which is a CIP of 09/042,767 03/17/1998 PAT 6,015,833 and said 09/160,416 09/25/1998 is a CIP of 09/132,593 08/11/1998 PAT 7,078,051				
<b>** FOREIGN APPLICATIONS *****</b> JAPAN 04-087164 04/08/1992				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 10/23/2003				
Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Signature _____	<input type="checkbox"/> Met after Allowance Initials _____	<b>STATE OR COUNTRY</b> ICELAND	<b>SHEETS DRAWINGS</b> 2
			<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Casimir Jones, S.C. 440 Science Drive Suite 203 Madison, WI 53711 UNITED STATES				
<b>TITLE</b> TRIACYLGLYCEROLS OF ENRICHED CLA CONTENT				
<b>FILING FEE RECEIVED</b> 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	